

State Legislative Status Report
2007 – 2008 Session
July 25, 2007

Assembly – Active

***AB 1 (Laird and Dymally) Health Care Coverage**

Version: Amended 7/02/07

Sponsor: 100% Campaign, People Improving Communities through Organizing (PICO)

Status: In Senate Appropriations Committee

The bill would expand eligibility for Medi-Cal and the Healthy Families Program to cover children in families with household income up to 300% FPL from the current limit of 250% FPL. In addition, this bill would create the Healthy Families Buy-In Program that would be administered by the MRMIB and would make coverage provided under the Healthy Families Program (HFP) available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria. The bill would delete the specified citizenship and immigration status requirements and would accept the applicant's signature on the application for the HFP as verification of the household income for purposes of establishing eligibility for the program. The bill would require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for Medi-Cal (MC) and the HFP and to develop a process to transition the enrollment of children from local children's health initiatives into MC and HFP. The bill would establish the HFP to MC Presumptive Eligibility Program and would establish the MC Presumptive Eligibility Program. *(Same as SB 32 (Steinberg))*

***AB 2 (Dymally) Health care coverage**

Version: Amended 7/03/07; heard in Senate Health Committee 7/11/07 and amended

Sponsor: Author

Status: In Senate Appropriations Committee

This bill would require health care service plans and health insurers to make health benefit plans available in the individual market to all persons not eligible for MRMIP, based on a standardized health questionnaire to be developed by the MRMIB and to be used by all plans and insurers offering coverage to individuals. The bill would require those health benefit plans to be guaranteed renewable. The bill would require plans and insurers to make available 5 classes of individual health benefit plans at standardized rates pursuant to regulations jointly adopted by the Director of the Department of Managed Health Care (DMHC) and the Commissioner of the Department of Insurance.

The bill would also require plans and insurers to elect either to make all of its group or individual health benefit plans available to individuals in each service area or pay a fee based on its market share (as determined by MRMIB) of MRMIP's costs. The bill would require MRMIB to

appoint a panel to advise it regarding the implementation of the fee and would allow all persons covered under the Guaranteed Issue Pilot Project (GIP) that ends December 31, 2007, to be enrolled in coverage through MRMIP. The bill would authorize the board, in consultation with a newly established advisory panel, to adjust the amount of the fees required from a payor plan/insurer. The board would calculate the share of program costs to be covered each year by a plan and insurer, based on a per covered life basis and its share of the health care coverage market.

In addition, the bill would require plans and insurers wishing to not pay the fee to annually submit their proposed health benefit rates for approval to the DMHC Director and the Insurance Commissioner for approval. The bill would require that the amount paid by any individual for any benefit plan offered not vary due to age, geographic location, health status or claims experience of the individual. Plans and insurers choosing not to pay the fee would be required to fairly and affirmatively offer, market and sell all of the group or individual benefit plans that the plan or insurer offers, to individuals in each service area where it provides or arranges for the provision of health care services.

***AB 8 (Nunez) Health Care Coverage: employers and employees**

Version: Amended 7/18/07

Sponsor: Author

Status: In Senate Appropriations Committee

The bill would require employers to spend, at minimum, 7.5% of social security wages on health care expenditures for full-time and part-time workers and their dependents, or pay an equivalent fee to a newly created fund the California Health Trust Fund (Fund). The bill would require all employers to adopt and maintain a cafeteria plan (Section 125) to allow employees to pay for health insurance premiums on a pre-tax basis.

This bill would create the California Cooperative Health Insurance Purchasing Pool Program (Cal-CHIPP), to be administered by the MRMIB, and to function as a statewide purchasing pool to provide health care coverage to employees of employers who opt to pay into the Fund. Employees whose employers opt to pay into the Fund would be required to enroll in Cal-CHIPP unless they demonstrate coverage through other means as specified in the bill.

The bill would require group health plans and insurers to offer Medi-Cal and HFP benchmark plans so that group members and their dependents with incomes below 300% of the federal poverty level (FPL) who are eligible for coverage through the Medi-Cal or HFP could enroll in the applicable benchmark plan or collect employer cost-share of premiums to fund the employee's cost in Cal-CHIPP. MRMIB would be required to negotiate the premium rates with plans and insurers for the Medi-Cal and HFP benchmark plans.

The bill would expand eligibility for the HFP from 250% FPL up to 300% FPL and would delete the current specified citizenship and immigration status requirements so that undocumented children could qualify for full scope no-cost Medi-Cal and the HFP.

In addition, the bill would enact various health insurance market reforms, including requiring health care service plans and health insurers to use a standardized health questionnaire (to be developed by MRMIB) to identify persons who would be automatically eligible for enrollment in the MRMIP; would require the MRMIB to develop a list of medical conditions to determine a person's automatic eligibility for MRMIP; and would require that at least 85% of health plan and insurer revenue be spent on health care services.

***AB 16 (Hernandez)** Pupil immunizations: human papillomavirus vaccine

Version: Amended 7/05/07

Sponsor: Author

Status: In Senate Appropriations Committee

Existing law prohibits the governing authority of a school or other institution from unconditionally admitting a pupil unless the pupil has been fully immunized against various diseases. This bill would revise the list of institutions that are subject to the prohibition, and would require the State Public Health Officer to create a list of diseases for which immunization would be required prior to entry into those institutions and to annually publish the list on the Department of Public Health website.

***AB 295 (Lieu)** State agencies: collection of demographic data

Version: Amended 7/11/07

Sponsor: Asian Americans for Civil Rights and Equality (AACRE)

Status: In Senate Appropriations Committee, to be heard 7/16/07

This bill would require state agencies, boards, and commissions that collect demographic data on ancestry or ethnic origin to use additional separate collection categories and tabulations for other major Asian and Pacific Islander groups and to update data collection categories to match those used by the United States Census. The bill would also require that state agencies that collect this demographic data make the demographic reports available to the public to the extent that disclosure does not violate confidentiality.

AB 329 (Nakanishi) Chronic diseases: telemedicine

Version: Amended 6/19/07

Sponsor: California Medical Board

Status: In Senate Business, Professions and Economic Development

This bill would authorize the Medical Board of California to establish a pilot program to expand the practice of telemedicine and would authorize the board to implement the program by convening a working group. The bill would specify that the purpose of the pilot program shall be to develop methods, using a telemedicine model, of delivering health care to those with chronic diseases and delivering other health care information. The bill would require the board to make recommendations regarding its findings to the Legislature.

***AB 343 (Solorio)** Health care: employer coverage

Version: Amended 6/27/07

Sponsor: American Federation

Status: In Senate Appropriations Committee

This bill would require the DHCS and the MRMIB to collaborate and submit a report to the Legislature that identifies all employers employing 25 or more persons who are beneficiaries or who support beneficiaries enrolled in Medi-Cal, HFP, or AIM by March 15 of each year. The bill would also require that the report be made available to the public as well.

(Same as AB 1840 (Horton) of 2005 – 2006 session which the Governor vetoed)

AB 396 (Hernandez) Public works and prevailing wages: health and welfare benefits

Version: Amended 6/01/07

Sponsor: California Building and Construction Trade Council

Status: In Senate Labor and Industrial Relations Committee

This bill would require employers that do not spend the health and welfare portion of an applicable prevailing wage determination to provide health and welfare benefits for their employees, to pay that amount to the Controller for deposit in the Public Works Health and Welfare Fund, which would be created by the bill in the State Treasury. This bill would require that money in the fund, upon appropriation by the Legislature, be expended exclusively to provide health and welfare benefits for these employees.

AB 423 (Beall) Health care coverage: mental health services

Version: Amended 5/01/07

Sponsor: California Psychological Association

Status: In Senate Appropriations Committee

Under existing law, a health care service plan contract and a health insurance policy are required to provide coverage for the diagnosis and treatment of severe mental illnesses of a person of any age. This bill would expand this coverage requirement by including in the definition of mental illness, a mental disorder defined in the Diagnostic and Statistical Manual IV or subsequent editions, published by the American Psychiatric Association, and includes substance abuse. The expanded coverage requirement would be applied to health care service plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 2008.

***AB 550 (Ma)** Managed Risk Medical Insurance Fund: health care service plans

Version: Amended 6/28/07

Sponsor: State Buildings and Construction Trades Council of California

Status: In Senate Appropriations Committee

This bill would authorize the Managed Risk Medical Insurance Board (MRMIB) to operate as a health care service plan. The bill would exempt the MRMIB from licensure by the Department of Managed Health Care (DMHC) but would require it to comply with other provisions regulating health care service plans.

***AB 1328 (Hayashi)** Public health

Version: Amended 6/26/06

Sponsor: Maternal and Child Health Access; Planned Parenthood Affiliates of California

Status: In Senate Appropriations Committee

This bill would delete the eligibility requirement for the Access for Infants and Mothers (AIM) program that the applicant be a resident of the state of California for at least six continuous months prior to applying for enrollment in AIM.

AJR 19 (Ma) Healthy Families Program

Version: Amended 3/29/07

Status: Chaptered by Secretary of State, Resolution chapter 75, statutes of 2007

This measure would memorialize each Senator and Representative from California in the Congress of the United States to ensure that the Congress timely reauthorizes the State Children's Health Insurance Program (SCHIP) to assure federal funding for the HFP.

Assembly – 2 year bills

^AB 56 (Ma) Secretary for Poverty

Version: Amended 6/7/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would create the cabinet-level position of Secretary of Poverty, to be appointed by the Governor. The secretary would be responsible for reviewing the work of state agencies, departments, and offices that implement and administer antipoverty programs in the state and for determining if those agencies, departments, and offices were operating in the most efficient and effective manner possible.

^AB 75 (Blakeslee) Healthy Choices Plan

Version: Introduced 12/4/06

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would express the intent of Legislature to create the Healthy Choices Plan, which would provide health care coverage for Californians without coverage.

^AB 272 (Garcia) HIV tests

Version: Introduced 2/9/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would require that any woman seeking an annual gynecological exam or family planning appointment be provided with information on HIV and AIDS, and would require that the woman be offered the option of being tested onsite, if available, or provided referral information to other testing locations.

^AB 368 (Carter) Hearing Aids

Version: Introduced 2/14/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would require health care service plans and health insurers to offer or provide coverage up to \$1,000 for hearing aids to all enrollees, subscribers, and insureds less than 18 years of age. The bill would provide that the requirement would not apply to certain types of insurance.

^AB 420 (Wolk) California Special Supplemental Nutrition Program for Women, Infants, and Children: gateway system

Version: Amended 4/10/07

Sponsor: WIC Association, 100% Campaign, People Improving Communities through Organizing (PICO)

Status: In Assembly, 2 year bill

Existing law requires the DHCS and MRMIB, in collaboration with California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, to design, promulgate, and implement policies and procedures for an automated enrollment gateway system to obtain presumptive eligibility for, and to facilitate application for enrollment in, the Medi-Cal program and the HFP for children applying to the WIC program. This bill would require all WIC local agencies that serve large numbers of participants and a high proportion of uninsured participants, to use the WIC gateway system only to the extent funding is available and would permit all other local WIC agencies to use the WIC gateway system at their option.

^AB 547 (Ma) County Health Initiative Matching Fund: application assistance

Version: Amended 4/19/07

Sponsor: Author

Status: In Assembly, 2 year bill

Under existing law, a county, county agency, local initiative, or a county organized health system, defined as applicants, may apply to the MRMIB for funding from the County Health initiative matching fund (CHIM) to provide comprehensive health insurance coverage to a person who meets specified income criteria. This bill would authorize the applicants to pay a fee to a person who assists another to apply for coverage or to renew coverage with the applicant and would prohibit applicants from using CHIM fund revenue to pay the application assistance fee.

^AB 555 (Nakanishi) Healing arts: medical records

Version: Introduced 2/21/07

Sponsor: California Medical Board

Status: In Assembly, 2 year bill

This bill would express the Legislature's intent to require the Medical Board of California to work with interested parties to develop an electronic system that would allow any physician and surgeon in this state to access the medical records of the patient that he or she requires in order to treat that patient.

^AB 562 (Walters) Health care coverage: catastrophic loss

Version: Introduced 2/21/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would authorize a health care service plan and a health insurer to offer and issue a group or individual plan contract or policy for catastrophic losses that contains a high deductible.

^AB 606 (Galgiani) Medi-Cal: reimbursement rates

Version: Introduced 2/21/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would provide that commencing January 1, 2008, the reimbursement levels for physician and dental services under Medi-Cal shall be increased to 5%.

^AB 703 (Ruskin) Social security numbers

Version: Introduced 2/22/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would prohibit a person or entity from using a social security number as an identifier, except as required by federal or state law.

^AB 770 (Hernandez) Health care coverage: agricultural employees

Version: Amended 5/08/07

Sponsor: California Medical Association (CMA)

Status: In Assembly, 2 year bill

This bill would declare that control of health care costs can be more readily achieved by providing health care coverage to a larger share of working people and their families, thereby minimizing the shifting of health care costs. The bill would declare the intent of the Legislature that agricultural employees in California be provided health care coverage and that agricultural employers offering that coverage be allowed to lower their total health care costs. This bill would also require the Senate Office of Research to conduct a comprehensive study of the availability of health care coverage to agricultural employees, to convene a working group of affected California stakeholders, and to report to the Legislature by January 1, 2009.

^AB 799 (Smyth) Health care coverage: small employers

Version: Amended 4/9/07

Sponsor: Author

Status: In Assembly, 2 year bill

Existing law imposes various requirements on health care service plans and health insurers with respect to small employer coverage and specifies that those requirements do not apply to certain forms of coverage, as specified. This bill would additionally provide that those

requirements do not apply to a policy, a rider, or a contract, as specified, offered to a small employer in conjunction with a health benefit plan or health care services, as specified, in order to promote wellness and healthy lifestyles program of services and incentives offered to a small employer, separate and apart from a contract or policy for health care services or benefits, as specified, designed to promote wellness and healthy lifestyles.

^AB 855 (Hayashi) Medi-Cal: managed care

Version: Introduced 2/22/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would require that on and after July 1, 2008, every Medi-Cal managed care contract entered into by the DHCS shall include alcohol and drug treatment services at least equivalent to the alcohol and drug treatment services available to enrollees in the HFP. The bill would also require that on or before October 1, 2008, the DHCS enter into contracts with a managed care organization for each county to ensure that Medi-Cal fee-for-services enrollees have as covered services, the alcohol and drug treatment services available to enrollees in the HFP.

^AB 1040 (Duvall) Income taxes: deduction: medical care

Version: Amended 3/28/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would allow a deduction in computing adjusted gross income for the costs of health insurance, not compensated by insurance or otherwise, paid or incurred during the taxable year by the taxpayer for medical care for the taxpayer, his or her spouse, or dependents.

^AB 1072 (Gaines) Health care coverage: California Health Insurance Exchange

Version: Amended 4/18/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would establish the California Health Insurance Exchange that would be administered by the MRMIB. The bill would, beginning September 1, 2008, allow an employer who sponsors a cafeteria plan in compliance with federal law and who has entered into an agreement with the board, to transmit premium payments for individual plan contracts and individual insurance policies obtained by his or her employees through the cafeteria plan to the exchange for remittance to the issuing plan or insurer that has agreed to participate in the exchange. The bill would create the California Health Insurance Exchange Fund where the premium payments would be deposited prior to remittance to the carrier.

^AB 1214 (Emmerson) Waiver of benefits

Version: Introduced 2/23/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would on and after July 1, 2008, allow a health care service plan that covers hospital, medical, or surgical expenses on an individual or group basis, to issue a plan contract that does not include certain specified benefits, or may amend or renew a plan contract to delete certain benefits, if the applicant or the contract holder waives the benefits. The bill would require the applicant, contract holder or policy holder to sign a disclosure form that he/she is waiving the benefit.

^AB 1378 (Nakanishi) Health care coverage: California Major Risk Medical Insurance Program

Version: Amended 3/27/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would change the eligibility criteria for the MRMIP by requiring rejection by at least 2 private health plans and would require a MRMIP subscriber who has a chronic health condition to participate in a disease management program. The bill would extend the duration of the Guaranteed Issue Pilot Program (GIP) from December 31, 2007 to July 1, 2008.

***^AB 1554 (Jones) Health care coverage: rate approval**

Version: Amended 7/05/07

Sponsor: Author

Status: Heard in Senate Health Committee on 7/11/07, failed passage, reconsideration granted.

This bill would require approval by the Department of Managed Health Care or the Department of Insurance of an increase in the amount of the premium, co-payment, coinsurance obligation, deductible, and other charges under a health care service plan or disability insurance policy, other than a Medicare supplement contract or policy or health care service plan contracts issued through a state program, including Medi-Cal and the HFP.

^AB 1555 (Lieber) Health care services: chronic care model

Version: Amended 4/26/07

Sponsor: Lieber

Status: In Assembly, 2 year bill

This bill would create in the Department of Health Care Services (DHCS) a Chronic Care Model Task Force for the purpose of developing a strategy to implement a Chronic Care Model Plan. The bill would prescribe the membership and duties of the task force and would require the task force to establish specified workgroups to address issues relating to the provision and management of care for chronic disease.

^AB 1619 (Benoit) Insurer licensing

Version: Introduced 2/23/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would allow any insurer admitted to transact health insurance or workers' compensation insurance, or a health care service plan licensed pursuant to the Knox-Keene Health Care Service Plan Act, to make a written application to the Insurance Commissioner for a license to offer a single policy that provides health care services and workers' compensation benefits.

^AB 1644 (Niello) Out-of-state carriers

Version: Introduced 2/23/07

Sponsor: Author

Status: In Assembly, 2 year bill

This bill would allow a carrier domiciled in another state to offer, sell, or renew in California, an essential health benefit plan meeting certain unspecified requirements, without holding a license issued by the Department of Managed Health Care or a certificate of authority issued by the Insurance Commissioner, and would exempt the essential health benefit plan from requirements otherwise applicable to plans and insurance policies providing health care coverage in California.

^AB 1692 (Villines) Healthy Families Advisory Panel

Version: Introduced 2/23/07

Sponsor: Author

Status: In Assembly, 2 year bill

Existing law requires the MRMIB to appoint a 15-member advisory panel to, among other things, advise the board on all policies, regulations, operations, and implementation of the HFP. Existing law requires that the membership of the panel include one physician and surgeon who is board certified in pediatrics. This bill would require that member to be a practicing physician and surgeon who is board certified in pediatrics.

Senate- Active

SB 26 (Simitian) State agencies: collection of data: ancestry or ethnic origin

Version: Amended 5/08/07

Sponsor: Author

Status: In Assembly Appropriations Committee

This bill would require state agencies, boards, and commissions that collect demographic data on ancestry, ethnic origin, ethnicity, or race to offer respondents the option of selecting one or more ethnic or racial designations according to specified federal standards.

***SB 32 (Steinberg)** Health care coverage: children

Version: Amended 6/27/07

Sponsor: 100% Campaign, People Improving Communities through Organizing (PICO)

Status: In Assembly Appropriations Committee

The bill would expand eligibility for Medi-Cal and the Healthy Families Program to cover children in families with household income up to 300% FPL from the current limit of 250% FPL. In addition, this bill would create the Healthy Families Buy-In Program that would be administered by the MRMIB and would make coverage provided under the Healthy Families Program (HFP) available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria. The bill would delete the specified citizenship and immigration status requirements and would accept the applicant's signature on the application for the HFP as verification of the household income for purposes of establishing eligibility for the program. The bill would require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for Medi-Cal (MC) and the HFP and to develop a process to transition the enrollment of children from local children's health initiatives into MC and HFP. The bill would establish the HFP to MC Presumptive Eligibility Program and would establish the MC Presumptive Eligibility Program. *(Same as AB 1 (Laird))*

***SB 137 (Torlakson)** Children's health: medical treatment

Version: Amended 7/10/07

Sponsor: Children's Specialty Care Coalition

Status: In Assembly Appropriations Committee

Existing law limits eligibility for treatment services under the California Children's Services Program (CCS) to persons in families with an annual adjusted gross income of \$40,000 or less. This bill would change that eligibility limitation to persons in a family with an annual or monthly income equal to or less than 400% of the federal poverty level.

***SB 320 (Alquist)** California Health Care Information Infrastructure Program

Version: Amended 6/26/07

Sponsor: Author

Status: In Assembly Appropriations Committee

Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes certain requirements relating to the provision of health insurance. The Office of HIPAA Implementation shall be renamed the California Office of HIPAA Implementation or CalOHI and the termination date of this office shall be extended from January 1, 2008 to January 1, 2013. This bill would require CalOHI, in consultation with Department of Health Care Services (DHCS), the State Department of Public Health, the Department of Corrections and Rehabilitation, the MRMIB, the Department of Managed Health Care and other health care organizations as specified, to develop a plan for implementation of the California Health Care Information Infrastructure Program and deliver the plan to Legislature. The program would seek to provide the opportunity for every resident of the state to have an electronic health record.

Implementation of the plan would be contingent upon enactment of subsequent statutory authorization.

***SB 840 (Kuehl)** Single-payer health care coverage

Version: Amended 7/10/07

Sponsor: Author

Status: In Assembly Appropriations Committee

This bill would establish the California Healthcare System to be administered by the newly created California Healthcare Agency under the control of a Healthcare commissioner. The bill would make all California residents eligible for specified health care benefits under the California Healthcare System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services. The bill would provide that a resident of the state with a household income at or below 200% of the federal poverty level would be eligible for the type of benefits provided under the Medi-Cal program. The bill would create several new offices as well to establish policy on medical issues and various other matters relating to the health care system.

***SB 867 (Ridley-Thomas)** In-home supportive services

Version: Introduced 7/03/07

Sponsor: United Healthcare Counsel

Status: In Assembly Appropriations Committee

This bill would authorize a recipient who receives personal care and in-home services through the Access for Infants and Mothers (AIM), HFP, MRMIP, or any publicly funded program enacted prior to, or on or after, January 1, 2008, to select his or her own service provider, subject to program requirements.

Senate – 2 year bills

^SB 24 (Torlakson) Taxes: cigarette and tobacco products

Version: Amended 4/30/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would enact the Cigarette and tobacco Products Emissions Act of 2007, which would require the Department of Public Health to assess a fee, administered and collected by the State Board of Equalization, on consumers of cigars and cigarettes. The bill would establish the Cigarette and Tobacco Products Emissions Fund into which the fees would be deposited. The fund would be used by the department, upon appropriation from Legislature, for specified purposes to address the health impacts of environmental tobacco smoke on children and others.

^SB 51 (Ducheny) San Diego Health Care Connection Demonstration Project

Version: Amended 5/23/07

Sponsor: San Diegans for Healthcare Coverage, Inc.

Status: In Senate, 2 year bill

This bill would establish the San Diego Health Care Connection Demonstration Project. The bill would require the MRMIB to contract with San Diegans for Healthcare Coverage, Inc., a private nonprofit corporation, to operate the project to assist employers in San Diego County with providing health care benefits to their employees with full-time employment. The bill would require the Department of Health Care Services to secure any state plan amendments and federal waivers necessary and to submit the waivers or amendments by June 30, 2008. The bill would also require the department to establish data collection and reporting procedures.

^SB 236 (Runner, Ackerman, Aanestad, and Cox) Health care: Cal CARE program

Version: Amended 4/19/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would express Legislature's intent to enact the Cal CARE program to improve access to health care services for the residents of California. The bill would declare that the Legislature shall enact specified legislation and would declare the Legislature's intent to accomplish specified acts in order to improve access and affordability to health care.

^SB 438 (Aanestad) Medi-Cal: reimbursement rates

Version: Introduced 2/21/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would state the intent of Legislature to enact legislation that would increase Medi-Cal reimbursement rates for providers over the next 8 years and to make it a budget priority to increase the lowest rate first.

^SB 646 (Cox) California Major Risk Medical Insurance Program: waiting list

Version: Introduced 2/22/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would express the Legislature's intent to appropriate additional funds from the Cigarette and Tobacco Products Surtax Fund for deposit into the Major Risk Medical Insurance Fund to eliminate a waiting list for the MRMIP.

^SB 674 (Dutton) Employers: benefits

Version: Introduced 2/23/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would state the intent of Legislature to provide incentives to employers who offer health insurance, flex-time work schedules, and other benefits agreed upon by the employers and the employees.

^SB 820 (Ashburn) Taxation: health insurance and health care service plans

Version: Amended 5/15/07

Sponsor: Author

Status: In Senate, 2 year bill

The Personal Income Tax Law and the Corporation Tax Law authorize various credits against the taxes imposed by those laws. This bill would authorize a credit against those taxes for each taxable year beginning on or after January 1, 2007, in an amount equal to 15% of the amount of administrative costs paid or incurred by a qualified taxpayer during the taxable year in connection with establishing a qualified cafeteria plan that provides health benefits, as defined. This bill would take effect immediately as a tax levy.

^SB 885 (Calderon) Health care coverage: employer mandates

Version: Introduced 2/23/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would express the Legislature's intent to require employers to provide health care coverage for their employees to the extent allowed by federal law.

^SB 893 (Cox) California Children and Families Program: funding

Version: Introduced 2/23/07

Sponsor: Author

Status: In Senate, 2 year bill

Existing law stipulates that specified percentages of moneys allocated and appropriated from the California Children and Families Trust Fund be deposited in various accounts for expenditures by the California Children and Families Commission (First 5), for various subjects relating to, and furthering the goals and purposes of the California Children and Families Act of 1998. This bill would eliminate those percentages for allocations to various accounts and would instead provide that those funds be allocated and appropriated to the commission to provide health care services to children consistent with the purposes of the act.

^SB 1014 (Kuehl) Taxation: single-payer health care coverage tax

Version: Amended 4/23/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would impose an additional tax at the rate of 1% on the taxpayer's taxable income that exceeds \$200,000 but is not over \$1,000,000, a tax on self-employment income of an individual taxpayer and a tax on non-wage income of a taxpayer. The bill would also impose a health care coverage tax on the wages of an employee to be paid by both the employee and his or her employer. The bill would require all revenues received by the Franchise Tax Board from those taxes to be deposited in the Health Insurance Fund.

^SB 1026 (Calderon) Personal income and corporation taxes: credit: qualified health care provider

Version: Introduced 2/23/07

Sponsor: Author

Status: In Senate, 2 year bill

This bill would authorize a credit against those taxes for a qualified health care provider, in an amount equal to the amount paid or incurred during the taxable year to provide health care to residents of California whose health care was not covered by a health care service plan or health insurance.